

AUGUST

EIGHTH YEAR — No. 89

International Review of the Red Cross



Inter arma caritas

PROPERTY OF U.S. ARMY
THE JUDGE ADVOCATE GENERAL'S SCHOOL
LIBRARY

1968

GENEVA
INTERNATIONAL COMMITTEE OF THE RED CROSS
FOUNDED IN 1863

INTERNATIONAL COMMITTEE OF THE RED CROSS

SAMUEL A. GONARD, former Army Corps Commander, former Professor at the Graduate Institute of International Studies, University of Geneva, *President* (member since 1961)

JACQUES CHENEVIÈRE, Hon. Doctor of Literature, *Honorary Vice-President* (1919)

MARTIN BODMER, Hon. Doctor of Philosophy (1940)

LÉOPOLD BOISSIER, Doctor of Laws, Honorary Professor at the University of Geneva, former Secretary-General of the Inter-Parliamentary Union (1946)

PAUL RUEGGER, former Swiss Minister to Italy and the United Kingdom, Member of the Permanent Court of Arbitration, The Hague (1948)

RODOLFO OLGATI, Hon. Doctor of Medicine, former Director of the Don Suisse (1949)

MARGUERITE GAUTIER-VAN BERCHEM, former Head of Section, Central Prisoners of War Agency (1951)

FRÉDÉRIC SIORDET, Lawyer, Counsellor to the International Committee of the Red Cross from 1943 to 1951, *Vice-President* (1951)

GUILLAUME BORDIER, Certificated Engineer E.P.F., M.B.A. Harvard, Banker (1955)

HANS BACHMANN, Doctor of Laws, Assistant Secretary-General to the International Committee of the Red Cross from 1944 to 1946, *Vice-President* (1958)

JACQUES FREYMOND, Doctor of Literature, Director of the Graduate Institute of International Studies, Professor at the University of Geneva (1959)

DIETRICH SCHINDLER, Doctor of Laws, Professor at the University of Zurich (1961)

HANS MEULI, Doctor of Medicine, Brigade Colonel, former Director of the Swiss Army Medical Service (1961)

MARJORIE DUVILLARD, Directress of "Le Bon Secours" Nursing School (1961)

MAX PETITPIERRE, Doctor of Laws, former President of the Swiss Confederation (1961)

ADOLPHE GRAEDEL, former member of the Swiss National Council; Secretary-General of the International Metal Workers Federation (1965)

DENISE BINDSCHEDLER-ROBERT, Doctor of Laws, Professor at the Graduate Institute of International Studies (1967)

MARCEL NAVILLE, Master of Arts, bank manager (1967)

JACQUES F. DE ROUGEMONT, Doctor of Medicine (1967)

ROGER GALLOPIN, Doctor of Laws (1967)

JEAN PICTET, Doctor of Laws (1967)

WALDEMAR JUCKER, Doctor of Laws, Secretary, Union syndicale suisse (1967)

Honorary members: Miss LUCIE ODIER, *Honorary Vice-President*; Messrs FRÉDÉRIC BARBEY, CARL J. BURCKHARDT and PAUL CARRY, Miss SUZANNE FERRIÈRE, Messrs. ÉDOUARD de HALLER, PAUL LOGOZ, ALFREDO VANNOTTI, ADOLF VISCHER.

Directorate :

ROGER GALLOPIN, Director-General

JEAN PICTET, Director-General

CLAUDE PILLOUD, Director

INTERNATIONAL REVIEW OF THE RED CROSS

EIGHTH YEAR — No. 89

AUGUST 1968

CONTENTS

	Page
INTERNATIONAL COMMITTEE OF THE RED CROSS	
Help to war victims in Nigeria	395

*

EXTERNAL ACTIVITIES

Hong Kong - Middle East - Yemen - Aden - Vietnam - Central America and Caribbean - Czechoslovakia, German Demo- cratic Republic and Poland	401
--	-----

*

IN GENEVA

ICRC Presidential Council	406
Further participation in the Geneva Conventions	406
Discussion with United Nations Secretary-General	406
International Tracing Service	406

*

Relief in 1967	407
--------------------------	-----

*

IN THE RED CROSS WORLD

World Red Cross Day	416
Junior Red Cross	418
Afghanistan	422
Burundi	422
Ecuador	424
France	425
Vietnam (Democratic Republic)	425

*

MISCELLANEOUS

A Tracing Service in 1817	427
-------------------------------------	-----

*

BOOKS AND REVIEWS

FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

*

SUPPLEMENTS TO THE REVIEW

*

SPANISH

La Cruz Roja, factor de paz en el mundo — Doceava distribución de los intereses del Fondo Augusta (470^a Circular) — Se reconoce a la Sociedad de la Media Luna Roja de Koweit (471^a Circular).

GERMAN

Das Rote Kreuz, Faktor des Weltfriedens — Zwölfte Verteilung des Ertrags aus dem Augusta-Fonds (470. Rundschreiben) — Anerkennung des Roten Halbmonds von Kuwait (471. Rundschreiben).

THE INTERNATIONAL REVIEW OF THE RED CROSS

*is published each month by the
International Committee of the Red Cross*

7, avenue de la Paix, 1211 Geneva I, Switzerland
Postal Cheque No. 12.1767

Annual subscription : Sw. fr. 25.— (\$6)
Single copies Sw. fr. 2.50 (\$0.60)

Editor : J.-G. LOSSIER

The International Committee of the Red Cross assumes
responsibility only for material over its own signature.

INTERNATIONAL COMMITTEE OF THE RED CROSS

HELP TO WAR VICTIMS IN NIGERIA

Each month the International Review has been publishing news of ICRC relief work in Nigeria and Biafra which began in July 1967 with consignments of medical supplies and delegates to each side. This action has ceaselessly developed as the number of victims increased and famine took its toll. We give below a summary of the position as at the end of July 1968.

There is no doubt that the most alarming situation is to be found inside the enclave remaining in the hands of the Biafra forces. Populations withdrawn from territory conquered by troops of the Federal military Government have quadrupled the numbers in the towns and villages in which they have sought refuge. In the absence of official figures, it is estimated that there are 4,500,000 displaced persons, of whom 600,000 are being sheltered in improvised reception centres in which rations distributed by the authorities are insufficient to meet needs. Victims living in Biafran territory occupied by Nigerian forces are estimated to number between 700,000 and a million.

Most civilians are suffering from serious undernourishment; many have not survived. In addition, fighting is continuing in several areas and the wounded keep pouring in to the hospitals where medical supplies are becoming increasingly precarious.

The situation is no better in regions retaken by the Federal forces.

ICRC DELEGATIONS

In view of this situation, the International Committee of the Red Cross has sent further delegates to both sides. Delegations are stationed in Lagos, Umuahia, in the Biafra enclave, and on the Spanish island of Fernando Poo.

INTERNATIONAL COMMITTEE

On July 1 Mr. Robert Hitz, ICRC delegate and a specialist in transport problems went to Lagos to co-ordinate relief actions on the Federal side, in close co-operation with the Nigerian Red Cross. Mr. Hitz was introduced to the authorities by Mr. Georges Hoffmann, ICRC Delegate General for Africa and Mr. Jacques de Heller, delegate sent from Geneva.

Furthermore, Dr. Wolfgang G. Bulle, representing the Synod of Lutheran Churches of Missouri, ensures liaison between the Lagos delegation and the four medical teams working in Biafra territory retaken by Federal troops. Two of these teams are in the Enugu area, to the north of the enclave, both supplied by the Lutheran Synod, and the other two teams are based on Calabar in the coastal sector which is to the south of the enclave (one Swiss Red Cross team and another of the Oecumenical Council of Churches). The three delegations now comprise 33 persons.

Dr. Bulle is heading a ten-strong team of doctors and nurses in Nigeria, working under the supervision of the International Committee.¹ His account of experiences in Nigeria, from which we quote hereunder, shows how essential and urgent is the humanitarian assistance organized by the Red Cross in that country.²

"Our team was split into four groups with two groups working in Ogoja and the others in Enugu," the medical missionary said.

Ogoja, now under control of the Federalist troops after the Biafra moved out several months ago, "suffered not so much from the fighting as from the fact that supplies and medical aid were cut off for most of the civilian population," he said.

The medical teams travel in Landrovers, equipped with medical supplies. They leave their headquarters posts early in the morning, set up and operate from temporary clinics in the villages during the day, and return to the headquarters before dark.

"If I were to work in a hospital I could perhaps perform 10 operations a day," the medical executive said, "but by travelling out where the people in need are I can minister to as many as 250 a day." In some cases the teams camp out for 2 or 3 days at a

¹ *Plate.* — In Biafra: Under the ICRC's emblem, a member of the Lutheran medical mission gives treatment to the civilian population.

² *Lutheran Witness Reporter*, U.S.A. July 7, 1968.

time, caring for the people who come to the clinics, which have been set up through the co-operation of tribal leaders.

In addition to the five Landrovers which the Missouri Synod medical team owns and uses, the workers have two trailers to carry the food supplies which are distributed to the starving and two tank trailers for hauling fresh water for use in the village clinic operations.

The lack of food and medical service during the past 9 months has seriously affected the health of many of the civilians, the doctor noted. They are suffering from malnutrition, parasites, infectious diseases, and injuries suffered from beatings at the hands of the military.

"We have never experienced this kind of suffering and hardship in our whole life", said Rev. A.T.U. Ekong, president of the Evangelical Lutheran Church in Nigeria. "Food, clothing, and housing are some of the chief needs", he added.

"This is the time to share with the Nigerians their hopes, aspirations, and troubles. We need to be soldiers of peace," Dr. Bulle advised.

*

Arrangements have been made by the ICRC, with a view to increasing the effectiveness of this medical aid on both sides. Two new teams have arrived in Lagos, one having been formed by the "Save the Children Fund", a British organization, and the other by the Netherlands Red Cross. Four others are in the course of preparation: one team of Swiss doctors formed by the ICRC and intended to return to the interior of the Biafra enclave where it has already undertaken a first mission, two medical teams promised by the Yugoslav Red Cross (one will be attached to the Federal side, the other to Biafra), and one team organized by the British Adventist Church.

A fifth ICRC medical team left Geneva on July 20 for Biafra.¹ On July 23, seven delegates, one a doctor, another a nurse, took off for Lagos. Others will soon follow.

In Nigeria and Biafra the ICRC had 75 people in the field. This being insufficient to ensure full co-ordination and distribution of the relief supplies now reaching the ICRC from all quarters of the

¹ *Plate.* — At Geneva airport, two doctors (Drs Piderman and Spirgi), an anaesthetist and a male nurse preparing to leave for Biafra.

INTERNATIONAL COMMITTEE

globe, the Committee launched an appeal on July 20 for various staff, specialists in transport, drivers, mechanics, radio operators and technicians, doctors, surgeons, anaesthetists, pharmacists and nurses. This appeal was widely received, over a thousand offers reaching the ICRC in a few days.

*

Faced with the expansion of the relief operations, the ICRC deemed it necessary to appoint a General Commissioner for assistance to Nigeria. At its request, the Federal Council provisionally assigned Mr. Auguste Lindt, Swiss Ambassador to Moscow, for this important humanitarian mission. Mr. Lindt used to be ICRC Delegate General for Berlin relief and U.N. High Commissioner for Refugees.

On July 20 the newly appointed General Commissioner had discussions with Mr. S. A. Gonard, ICRC President, and Mr. R. Gallopin, Director-General for External Affairs. He left the same night for Lagos where he was received two days later by the Head of State. He investigated on the spot the many relief problems arising in Nigeria.

He then went to Biafra for the same purpose, arriving by a Swiss aircraft on charter to the ICRC on 31 July. He was accompanied by ICRC delegate Karl Jaggi and ICRC doctors who will work in Biafra. The aircraft also had aboard about seven tons of medical supplies and foodstuffs.

DONATIONS

Cash contributions amounting so far to over 2,600,000 Swiss francs have been made by the National Red Cross Societies of 32 countries:

Australia, Belgium, Cameroun, Canada, Denmark, Ethiopia, Finland, German Federal Republic, Iceland, India, Ireland, Japan, Kenya, Liberia, Liechtenstein, Luxembourg, Monaco, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, South Africa, Sweden, Switzerland, Syria, Tanzania, United Kingdom, USA, USSR, Zambia,

as well as the Magen David Adom (*Israel*),

the governments of 7 countries:

Canada, Denmark, German Federal Republic, Liberia, Sweden, United Kingdom, USA,

and various organizations:

UNICEF, Oxford Famine Relief Committee (OXFAM), Save the Children International Union, Action Pro Biafra, World Council of Churches, Caritas Internationalis, Mani Tese (Italy),

the city of Geneva, Küssnacht town council (Zürich) and different private individuals.

Other cash donations have been promised.

The ICRC has also received donations in kind estimated at 4,500,000 Swiss francs. Further despatches of relief have in addition been announced for a value of 3,000,000 Swiss francs.

The movement of solidarity shown on behalf of the victims of the conflict has therefore assumed exceptional proportions.

On July 11, the President of the ICRC was visited by Mr. Henry Labouisse, Executive Director of UNICEF, who assured him of his desire to maintain and extend the co-operation between the two institutions to aid all those suffering as a result of the hostilities.

ROUTING OF RELIEF

Whilst relief consignments are able to reach Enugu from Lagos and Calabar from Santa Isabel in relatively normal conditions, this is not the case as regards transport to the Biafra enclave, which the ICRC is obliged to have carried out by night flights from Santa Isabel. This procedure takes place in extremely difficult conditions. They entail considerable risks, as was shown by the accident which occurred to a Superconstellation aircraft which crashed on landing during the night of June 30 to July 1. The aircraft moreover carry insufficient relief supplies (about 200 tons until now). They are in fact unable adequately to meet the situation.

The ICRC has therefore taken keen interest in the initiative of the Federal military Government which has proposed the opening of a land corridor through which consignments could be organized

INTERNATIONAL COMMITTEE

on a very large scale. However, the putting into effect of such a solution presupposes the agreement of both parties. The ICRC is therefore engaged in trying to persuade the Biafra authorities to accept this proposal.

Whilst waiting for the conclusion of the discussions, the International Committee of the Red Cross made the request on June 24 that Biafra place at its exclusive disposal night and day a neutralized landing ground for relief flights by day.

A DC 6 aircraft, chartered for three months, with option to extend, by the ICRC from a Swiss company, left Cointrin-Geneva airport on July 23.¹ The aircraft had one normal and one replacement crew and several tons of relief supplies and spares. It will be based on Santa Isabel and will enable the ICRC to increase its relief to Biafra. Like a second plane which will be available soon, it bears the red cross sign on its wings and fuselage.

*

Steps have also been taken to ship large quantities of high protein foods in order to increase the stocks in occupied Biafra. By the end of July arrangements had been made for the emergency depot in Enugu soon to contain 1,700 tons, that at Calabar 1,000 and that at A Saba 700, ready to go to the starving populations as soon as the way is open for large-scale relief consignments. At the same time there were 2,000 tons stocked at Santa Isabel on Fernando Poo while the supplies bound for Nigeria were estimated at 4,500 tons, and for Biafra 7,500.

Relief in territory controlled by the Nigerian federal government has already started and a two million franc credit has been opened for the ICRC delegation in Nigeria for local purchases of foodstuffs and necessary equipment. It has been estimated that a daily supply of over 200 tons of food is essential to relieve the victims' plight which deteriorates every day.

¹ *Plate.* — *In Geneva:* Loading a DC 6 chartered by the ICRC which will strengthen the air lift in aid of the victims of famine in Biafra.

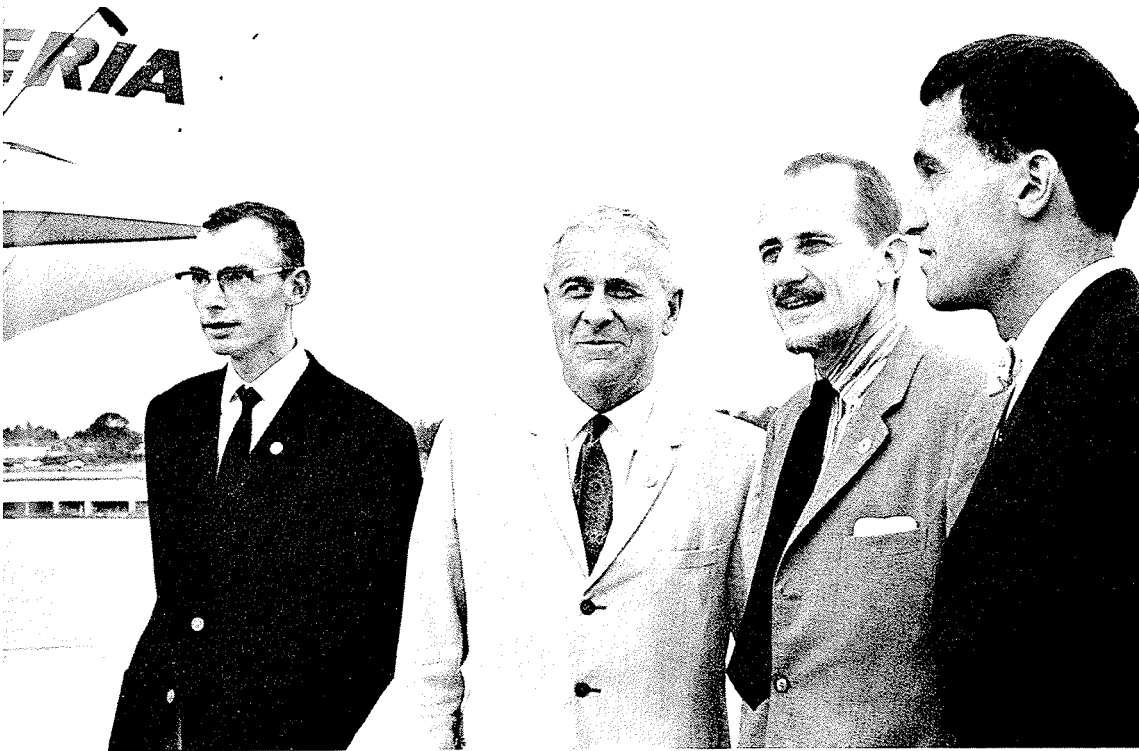
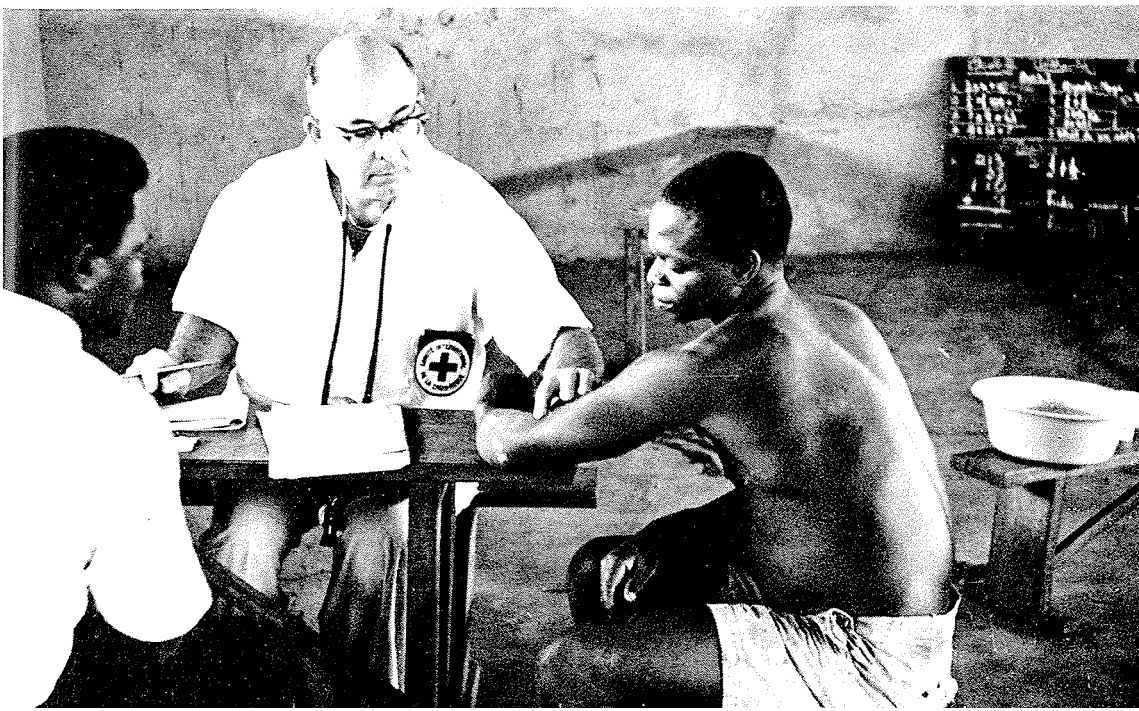


Photo J. Zbinden, Genève.

At Geneva airport, two doctors (Drs. Piderman and Spirgi, centre), an anaesthetist and a male nurse preparing to leave for Biafra...

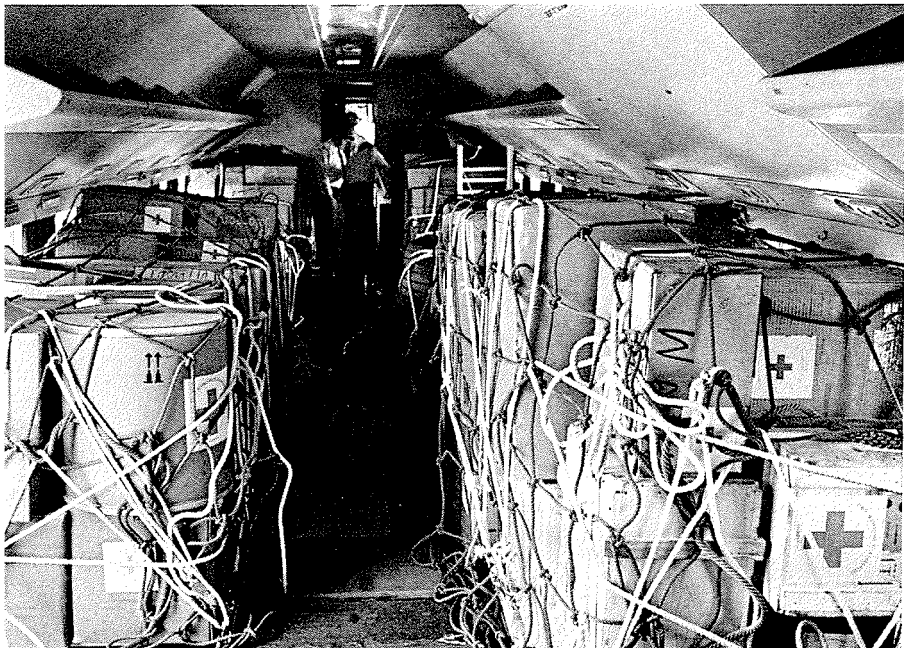
...where, under ICRC's emblem, a member of the Lutheran medical mission gives treatment to the civilian population.





In Geneva: Loading a DC6 chartered by the ICRC which will strengthen the air lift in aid of the victims of famine in Biafra.

Photos J. Zbinden, Genève.



*EXTERNAL ACTIVITIES***Hong Kong**

The ICRC delegate in Hong Kong was given permission in April and May to visit two prisons which held persons convicted or interned as a result of the events in 1967. He was able to talk without witnesses with detainees of his own choosing. He subsequently made known his observations and recommendations to the authorities concerned.

Middle East

Family Reunions.—Under the scheme organized by ICRC delegates for reuniting families in the UAR and occupied Gaza and Sinai, 214 Egyptians and 155 Palestinians crossed the Suez Canal at El Qantara on 21st June, on their way to join their families in Egypt and occupied territory.

Delegation Heads meet.—Heads of ICRC delegations in the Middle East met in Istanbul on 3rd and 4th July, under the chairmanship of the Assistant Director for the region. Regular meetings such as this permit worthwhile exchange of information and better co-ordination of ICRC activities.

Relief supplies to El Arish.—The 300 tons of food and clothing from the UAR Red Crescent, sent by the ICRC via Cyprus to the Israeli port of Hasdod, has duly arrived at El Arish.

The ICRC delegation in Gaza has drawn up a list of several thousand needy people in El Arish and elsewhere in North Sinai who receive a daily ration through the Red Crescent branch at El Arish.

Jordan Red Crescent.—ICRC delegates in the occupied part of Jordan are still assisting local branches of the Jordan Red Crescent.

Donations in cash and kind have enabled a first-aid dispensary to be set up near Bethlehem. Other dispensaries, as well as nurseries,

have also been reorganized elsewhere. All are operated by the local Jordan Red Crescent branches which, thanks to these donations, can continue working for the benefit of the population.

Yemen

Medical Teams in Sanaa.—The ICRC medical team in Sanaa, consisting of Dr. Loris of the Czech Red Cross and Dr. Bresan of the Red Cross of the Democratic Republic of Germany, was relieved on 20th July by two surgeon volunteers from the Hungarian Red Cross. The fresh team will continue running the Sanaa hospital for the wounded.

In addition, a further consignment of medical supplies and crutches sent by the ICRC reached Sanaa on 5th July.

Medical Teams in the Jauf, at Najran and in Aden.—The relief surgical team which left Geneva on 20th June for the north of the Yemen was unable to reach the advance posts where the ICRC teams work, as access routes have been temporarily cut.

Until the difficulties can be overcome, the ICRC has delegated part of the team, i.e. Dr. James Paramore, Dr. Aurelio Foletti and a male nurse specialized in anaesthetics, to Aden. There, from 7th July, they have been staffing the surgical department of the Al Gouriem hospital, thus carrying on the ICRC's medical work in Aden which had been interrupted on 25th May.

Mr. Roland Guillermin, a medical student, and a male nurse have set up a policlinic in a former ICRC medical post in the Jauf desert.

Another medical student, Mr. Jean-Olivier de Blonay, and Mr. Jean-Paul Hermann, ICRC delegate, have taken over the Najran delegation's dispensary.

Aden

Apart from the Swiss surgical team which has been working since 7th July at the Al Gouriem hospital, two Bulgarian surgeons, Dr. Tsanin Dobrev and Dr. Stanislas Baev, who have offered the

ICRC their services a second time through the Bulgarian Red Cross, arrived in Aden on 13th July, for a three month mission.

The extent and urgency of needs at the Aden hospital, which at present would otherwise have no operating theatre service, fully justify the presence of these four surgeons, at least temporarily.

Vietnam

Inspection of Detention Centres.—In South Vietnam, ICRC delegates inspected, in June, several detention centres. They went to the Bien-Hoa POW camp on 1st June; the American transit camp at Dong-Tam on the 3rd; and, on the 4th the Cong-Hoa hospital in Saigon where wounded POW's are treated was also inspected.

On 19th June, ICRC delegates visited POW's and detainees sentenced by courts-martial in the Phong-Dinh prison at Cantho. As during previous visits, they talked with them in private. They returned a second time and distributed to the more than 2,000 civilians detained there relief parcels made up by the Can-Tho branch of the Vietnam Red Cross.

On 25th June, the delegates went to the Collecting Point controlled by the U.S. First Airborne Division in the southern province of Quang-Tri.

The following day, at the Da-Nang POW camp they noted improvements since their previous inspection. They talked to the detainees without witnesses and supplied the camp infirmary with a kit for minor surgery. Parcels will be distributed to the inmates of this camp also.

Assistance to Orphanages.—An ICRC delegate has paid almost daily visits to the Phu-My orphanage. Some of the 150 children have been seriously injured and are being treated at the orphanage due to overcrowding in the local children's hospital.

On 2nd June, the delegates helped the local Red Cross to evacuate a Cholon orphanage in a district under fire. The Vietnam Red Cross and ICRC cars, driven by first-aiders, transferred all the children to the Phu-My orphanage.

Central America and Caribbean

Mr. Pierre Jequier, delegate of the ICRC, returned on June 14 from a five weeks mission to Central America and the Caribbean when he successively visited Havana, Mexico, Guatemala, the Dominican Republic and Haiti.

In Havana, the ICRC delegate talked at length with the President of the National Society, Mr. Cervantes Nuñez and also with a member of the Government.

The International Committee's representative renewed the request, previously made, to be given permission to visit and speak, without witnesses, with political detainees working in agricultural enterprises or held in penal establishments. The Cuban authorities rejected this request but assured the delegate of the ICRC that the conditions of these persons' internment conformed with the rules of humanity.

In Guatemala, the delegate was able again to observe the excellent organization of the National Red Cross which has recently set up a blood bank in its new centre which closely co-operates with the various hospitals in the capital.

On his return journey, Mr. Jequier visited the Dominican Republic and Haiti. In Port-au-Prince he noted that, since its recent reorganization, the Haiti Red Cross was now bringing appreciable aid to the town's population under the impulsion of its new President, Dr. Victor Laroche. This National Red Cross Society, amongst other activities, undertakes vaccinations, the distribution of medicines and food in its programme for children and often works in the poorest quarters of the capital.

Czechoslovakia, German Democratic Republic and Poland

On the invitation of the National Societies, Mr. Roger Gallopin, Director-General for External Affairs and member of the ICRC, was in these three countries from May 28 to June 17, 1968. Wherever he went he was extended a warm welcome.

In *Czechoslovakia* he had the pleasure of meeting the new National Red Cross Society President, Colonel F. Kuchâr, who has succeeded to the late Dr. Stich. At the Society's headquarters, with

Colonel Kuchàr and several leading members of the Red Cross, he had discussions on our movement's present work and on the influence of the Red Cross for the promotion of peace. In a number of towns, accompanied by Dr. K. Blaha, Head of the Czechoslovak Red Cross Foreign Section, he met local committee Presidents.

He had talks with the Minister of Foreign Affairs and the Minister of Health to whom he described the present day tasks of the ICRC.

Mr. Gallopin then went to the *German Democratic Republic* where the Red Cross is very active. One example we might quote is its transport service for the injured and the sick. This has greatly contributed to making the Society known, for its several hundred vehicles are on the road day and night conveying road accident casualties or patients to and from hospitals.

At the National Society's headquarters in Dresden the ICRC representative had talks with Professor W. Ludwig, President, and several members of the Presidium, particularly on the Red Cross as a factor for peace. He later went to East Berlin with Mr. J. Hengst, the Society Secretary-General.

Next in *Poland*, Mr. Gallopin met Mrs. I. Domanska, the Polish Red Cross Chairman, with whom he discussed various problems of common interest. At the National Society's headquarters in Warsaw he addressed the Central Administrative staff on the ICRC's work today. Accompanied by Miss D. Zys, Head of International Relations, he went to various places including Gdansk, Krakow and other towns where he delivered a paper on the same subject.

In the capital Mr. Gallopin was received by the Vice-Minister for Foreign Affairs and the Vice-Minister of Cultural Affairs to whom he described the essential features of the International Committee's work.

GENEVA

ICRC Presidential Council

The International Committee of the Red Cross has appointed Dr. Hans Meuli and Dr. Jacques de Rougemont to the Presidential Council for the next two-year period.

Further participation in the Geneva Conventions

In its number for June 1968, the *International Review* mentioned that 118 States were parties to the Geneva Conventions of August 12, 1949. Since then, the International Committee of the Red Cross has been informed by the Federal Political Department in Berne of the participation by the Kingdom of Lesotho in these Conventions.

Such participation was made under the form of a declaration of continuity, received in Berne on May 20, 1968 and which took effect on October 4, 1966, date of that country's accession to independence.

There are now 119 States expressly bound by these Conventions.

Discussion with United Nations Secretary-General

The President of the International Committee of the Red Cross, Mr. Samuel Gonard, was received on 8 July by U.N. Secretary-General U. Thant. With him were Mr. Jean Pictet, ICRC Director-General and Mr. Pierre Basset, Assistant Director.

Red Cross relief work, particularly in Nigeria, and the protection of civilian populations against the dangers of war were discussed.

International Tracing Service

On May 5, 1955 the four Powers (Federal Republic of Germany, United States, France, Great Britain) entrusted the administration of this service (ITS) to the International Committee of the Red Cross. The agreements on the ITS, having expired on May 5, 1965 for a second time, have now been extended for an indefinite period with one year's notice of termination between the contracting parties.

Relief in 1967

Last year was notable, for National Societies as well as for Red Cross international institutions, for its intense relief work. Readers may be interested in the following tables which show this. It will be noticed that there were thirty-four beneficiary countries and over fifty donor countries.

SUMMARY TABLE OF RELIEF IN CASH OR IN KIND PROVIDED
BY THE ICRC FROM ITS OWN FUNDS,
OR FORWARDED AND DISTRIBUTED BY THE ICRC IN 1967

<i>Countries</i>	<i>Category of aided persons</i>	<i>Value in Swiss francs</i>
<i>Cambodia</i>	1. Despatch from Geneva of 2 ambulances to the Cambodian Red Cross for its action in favour of sick refugees Purchase price plus transport	75,000.— 17,647.—
	Contribution for the building of an infirmary at Beng Khtum	
<i>West Bank of the Jordan</i>	Despatch from Geneva of tarpaulins, blankets, under-clothing, woollen wear for children, raisins, medical supplies Local purchases for relief distributions by delegates	307,000.— 80,000.—
<i>Greece</i>	1. Medical supplies to the Hellenic Red Cross for its medical work in favour of deportees 2. Warm clothing, blankets, foodstuffs, toys for children with their mothers in detention: forwarded from Geneva and purchased locally	17,300.— 2,600.—
	carry forward	499,547.—

INTERNATIONAL COMMITTEE

<i>Countries</i>	<i>Category of aided persons</i>	<i>Value in Swiss francs</i>
	brought forward	499,547.—
<i>Haiti</i>	Medical supplies, surgical kits, dressing material; sent from Geneva to the Haitian Red Cross	25,537.—
<i>Hungary</i>	Pharmaceuticals sent to the Hungarian Red Cross on request	10,900.—
<i>India</i>	10 tons powdered milk sent from Geneva for the government's feeding programme	45,000.—
<i>Iraq</i>	Vitamin products to the Iraqi Red Crescent	1,500.—
<i>Israel</i>	Cash donations received for and transferred to Magen David Adom	45,091.—
	Food parcels to POW's	35,000.—
	Local purchases of cigarettes and other comforts for POW's	46,500.—
<i>Jordan</i>	See list of donators to joint ICRC-League action	
<i>Laos</i>	Local purchases by ICRC delegate of foodstuffs, blankets, mosquito-netting, straw matting and cooking utensils; distribution carried out with help of Lao Red Cross to Meo refugees	31,000.—
<i>Nigeria</i>	1. Medical supplies, surgical instruments, and dressing material sent from Geneva to ICRC team on Federal territory	56,000.—
	2. Direct consignments of medical supplies, sheets and blankets by various donators to Lagos	175,000.—
	3. Medical supplies, surgical instruments, dressing material and X-ray apparatus to ICRC team in Biafra	217,800.—
	4. Consignment by air of medical supplies and dressing materials to Port Harcourt; contributed by various donators	122,000.—
	5. Consignment to Douala for Biafra of medical supplies, blankets and sheets from various donators	13,000.—
<i>Poland</i>	Special pharmaceutical products sent to Polish Red Cross on request	25,683.—
<i>United Arab Republic</i>	Four consignments of food parcels and clothing for Israeli POW's	1,300.—
	See list of donators to joint ICRC-League action	
<i>Rwanda</i>	Supplies to Shagasha camp on behalf of various governments	170,000.—
<i>Syria</i>	See list of donators to joint ICRC-League action	
	carry forward	1,520,858.—

INTERNATIONAL COMMITTEE

<i>Countries</i>	<i>Category of aided persons</i>	<i>Value in Swiss francs</i>
	brought forward	1,520,858.—
<i>Republic of Vietnam</i>	1. Medical supplies, powdered milk, material and baby clothes sent from Geneva for sick children and orphans	262,000.—
	2. Assistance to orphanages: building work and foodstuffs	75,000.—
	3. Local purchases of medical supplies, blankets, mosquito-nets, cigarettes and soap distributed by ICRC delegates to detainees and internees	38,000.—
	4. Freight on medical supplies provided by various donators	51,900.—
<i>Democratic Republic of Vietnam</i>	Medical supplies, laboratory chemicals, refrigerators, X-ray equipment and surgical instruments to the Red Cross of the Democratic Republic of Vietnam; by air via Moscow, Peking or Phnom Penh or by rail via Moscow. On December 21 a mobile field-hospital comprising a prefabricated "clinobox" operating theatre, a container convertible into a room, and electricity generating equipment, left Hanover by rail for Vladivostok, via Moscow and from Vladivostok by sea to Haiphong Total value plus freight	650,000.—
	These relief consignments were made possible by many donators (National Societies, National Aid Committees to Vietnam, non-governmental organizations, broadcasting corporations and individuals). The Alliance of Red Cross and Red Crescent Societies of the USSR attended to the transport as far as Haiphong.	
<i>Yemen</i>	ICRC medical teams continued their work in the Yemen for the benefit of the sorely tried civilian population. Medical supplies and surgical instruments to these teams involved expenditure amounting to	101,000.—
	In addition foodstuffs were distributed to a value of	20,000.—
<i>Federation of South Arabia</i>	Medical supplies to the "Queen Elizabeth" Hospital, Aden	3,500.—
<i>Miscellaneous</i>	ICRC action for the benefit of civilian population, detainees, internees, victims of internal disorder in 15 countries . . .	150,000.—
	Total	2,872,258.—

INTERNATIONAL COMMITTEE

JOINT ICRC AND LEAGUE ACTION IN THE NEAR EAST

The ICRC aircraft which left Geneva on the night of June 6/7, 1967, transported an assortment of standard emergency material (blood plasma, medical supplies and dressings). These were divided equally among the countries involved in the conflict (Jordan, Syria, United Arab Republic, Lebanon and Israel). The consignment was for delivery to the National Societies, that is to say the Red Crescent Societies of Syria, Jordan and the United Arab Republic, the Red Cross Society of the Lebanon and the Magen David Adom.

Even before the ICRC had set up its central depot in Cyprus, relief material began to flow into Nicosia and Beirut. The Lebanese Red Cross with whole-hearted verve immediately organized reception arrangements in Beirut for the incoming consignments by air and sea, and it arranged forwarding by road and air to the countries affected by the conflict (Jordan and Syria). In the United Arab Republic the Red Crescent received the relief supplies sent direct or via Nicosia, whilst in Israel it was the Magen David Adom to whom the supplies were sent direct.

On June 18, the League of Red Cross Societies delegated to Beirut its Relief Bureau Director, Mr. Robert-Tissot, who played an active part in the relief operations.

Many donators, particularly National Red Cross Societies, sent their contributions in cash and kind to the ICRC and the League. Others requested instructions for direct despatch by air and sea to Nicosia and Beirut and, subsequently, when the air-fields were re-opened, to Jordan and Syria. Red Cross, Red Crescent and governments sent supplies direct to the countries concerned. Many of these consignments were notified to the ICRC or to the League only a long time afterwards.

In view of the extent of this assistance, international solidarity with the victims of events in the Near East, and the impossibility of keeping strict control of supply movements, for reasons just explained, the ICRC's and the League's 1967 reports list only the contributions in cash and kind sent by them, through their intermediary, or direct by donors to the beneficiaries and later notified to the international institutions of the Red Cross. The following list

INTERNATIONAL COMMITTEE

of donors is not exhaustive; it only shows the donations of which we have been informed. It does however present a fair picture of the efforts made by the Red Cross throughout the world for the benefit of the victims of the conflict.

In addition to its work in favour of displaced persons and refugees, the ICRC was active on behalf of other categories of war victims for whom it was the only body able to act, that is to say, for prisoners of war and the civilian population on Israeli occupied territory. The cost of such relief is included not in the list which now follows, but in the summary of relief just given.

The list of known donors and their contributions has been drawn up jointly by the International Committee of the Red Cross and the League of Red Cross Societies.

<i>Donators</i>	<i>Description</i>	<i>Value in Swiss francs</i>
<i>Afghanistan</i>	blankets	51,000.—
<i>Algeria</i>	medical team	not specified
	services of a delegate	2,000.—
<i>Australia</i>	cash donations	32,826.—
<i>Austria</i>	blood plasma, medical supplies, blankets, bedding, clothing, foodstuffs, dressing material, first-aid kits, milk, 1 Diesel lorry, sundries	190,712.—
<i>Belgium</i>	blood plasma, antibiotics, milk	51,537.—
<i>Bulgaria</i>	medical supplies, foodstuffs, clothing	1,658,880.—
<i>Canada</i>	government contribution	220,080.—
	cash donations	358,760.—
	tents, blankets, serum, clothing, baby clothing, toilet articles	378,375.—
	services of 2 delegates	30,000.—
<i>Chile</i>	blankets, clothing, baby clothing, foodstuffs	45,000.—
<i>Czechoslovakia</i>	blood plasma, medical supplies, tents, blankets, bedding, milk, surgical instruments	268,300.—
<i>Denmark</i>	cash donations	249,219.—
	services of a delegate	12,461.—
<i>Ethiopia</i>	cash donations	12,000.—
<i>Finland</i>	medical supplies, tents, blankets	58,236.—
<i>France</i>	cash donations	4,400.—
	tents, blankets, foodstuffs, medical supplies	141,224.—
<i>Germany (Dem. Rep.)</i>	medical supplies, tents, blankets, clothing, dressings, soap	776,040.—

INTERNATIONAL COMMITTEE

<i>Donators</i>	<i>Description</i>	<i>Value in Swiss francs</i>
<i>Germany (Fed. Rep.)</i>	cash donations	543,899.—
	blood plasma, medical supplies, disinfectants, surgical instruments, dressings, X-ray equipment, tents, blankets, bedding, foodstuffs, clothing, milk, 4 mobile clinics, 1 field hospital and bakery	2,123,115.—
<i>Greece</i>	2 mobile hospitals with 6 doctors and a staff of 41, beds and bedding	not specified
<i>Guatemala</i>	cash donations	14,050.—
<i>Hungary</i>	medical supplies, tents, blankets, foodstuffs, dressings	100,000.—
<i>India</i>	medical supplies, blankets, clothing, material	24,900.—
<i>Iran</i>	establishment of a refugee camp (medical supplies, tents, blankets, clothing, plasma, etc.)	2,273,000.—
<i>Iraq</i>	cash donations	60,375.—
	40-bed hospital, plasma, medical supplies, tents, blankets, beds, bedding, milk, foodstuffs, clothing, kitchen utensils	not specified
<i>Ireland</i>	cash donations	68,061.—
<i>Italy</i>	blood plasma, blankets, foodstuffs, clothing, medical supplies, dressings	1,073,627.—
	cash donations	4,820.—
<i>Japan</i>	cash donations	8,630.—
	medical supplies, milk, clothing, sewing machines	63,080.—
	medical supplies	10,000.—
<i>Korea (Republic)</i>		
<i>Kuwait</i>	medical supplies, tents, blankets, foodstuffs, clothing	not specified
<i>Libya</i>	medical supplies, blankets	65,000.—
<i>Liechtenstein</i>	cash donations	21,472.—
<i>Luxemburg</i>	cash donations	20,418.—
<i>Malaysia</i>	cash donations	2,804.—
<i>Monaco</i>	cash donations	4,395.—
<i>Mongolia</i>	medical supplies and equipment	108,000.—
<i>Netherlands</i>	cash donations	450,000.—
	medical supplies, vitamins, blankets, foodstuffs, baby food, medical equipment, blood plasma, tents, laundry equipment, soap	487,332.—
<i>New Zealand</i>	cash donations	9,195.—
<i>Norway</i>	cash donations	30,148.—
	TAB vaccine, blankets, milk, baby food, blood transfusion equipment, 2 VW buses and 1 VW station-wagon	155,509.—
	blankets and clothing	not specified
<i>Pakistan</i>	medical supplies, tents, bedding, foodstuffs, clothing	416,743.—
	blankets, clothing, material, blood transfusion equipment	not specified
<i>Poland</i>	blood plasma and equipment	not specified
	blankets	18,024.—
<i>Portugal</i>	cash donations	3,000.—
	blood plasma	1,000.—
<i>Rumania</i>	medical supplies, foodstuffs	207,000.—
<i>Saudi Arabia</i>	blood plasma, medical supplies, tents, blankets, bedding, clothing, carpets, stretchers	1,000,000.—
<i>South Africa</i>	cash donations	45,258.—
	blood plasma	3,636.—

INTERNATIONAL COMMITTEE

<i>Donators</i>	<i>Description</i>	<i>Value in Swiss francs</i>
<i>Spain</i>	cash donations	4,000.—
	blood plasma	not specified
	blankets, tents	8,370.—
<i>Sudan</i>	blood plasma, tents, foodstuffs, clothing	not specified
<i>Sweden</i>	cash donations	376,446.—
	blood plasma, medical supplies, tents, blankets, bedding, vitamins, milk	1,424,200.—
<i>Switzerland</i>	cash donations	130,000.—
	blood plasma, tents, blankets, foodstuffs, clothing, soap services of a delegate	564,000.— 5,000.—
<i>Thailand</i>	cash donations	2,070.—
<i>Tunisia</i>	medical supplies, tents, blankets, clothing, foodstuffs	39,000.—
<i>Turkey</i>	medical supplies, tents, blankets, foodstuffs, clothing, dressings, cigarettes	not specified
<i>United Arab Republic</i>	prisoner of war parcels	20,500.—
<i>United Kingdom</i>	cash donations	760,125.—
	tents and blankets	265,068.—
	medical supplies and clothing	not specified
<i>USA</i>	cash donations	525,647.—
	government cash donations	864,000.—
	medical supplies, clothing, school equipment and sundries	1,825,115.—
<i>USSR</i>	medical supplies, tents, blankets, foodstuffs, clothing, dressings, oxygen, medical and surgical equipment, material, condensed milk	1,169,235.—
<i>Yugoslavia</i>	tents, blankets, foodstuffs, clothing, material, ambulance, radio and telephone equipment	158,500.—
<i>Individual Donors</i>	cash donations (Swiss firms and federal and cantonal authorities) Various donations in kind from non Red Cross sources (Geneva Arab Committee, Caritas, American Joint, World Council of Churches, etc.)	621,575.— 57,150.—

*

INTERNATIONAL COMMITTEE

RELIEF FORWARDED THROUGH ICRC

<i>Date and place of despatch</i>	<i>Transport</i>	<i>Donators</i>
8 June-27 July ; 9 consignments from Geneva	by air to Nicosia	ICRC and various National Societies
7 July Geneva	by air to Cairo	ICRC
June-December 10 consignments	by air to Syria, Jordan, UAR	ICRC
July 10 Göteborg	by sea to Beirut	ICRC
12 July Geneva	by sea to Beirut	ICRC Geneva Arab Committee French Red Cross
17 July Geneva	by sea to Beirut	ICRC French Red Cross ICRC
19 August Geneva	by sea to Beirut	ICRC
11 August Hamburg	by sea to Beirut	ICRC
29 June Turkey	by sea to Beirut	Red Cross of Federal Republic of Germany
11 July Göteborg	by sea to Beirut, for Syria	ICRC
31 August Hamburg	by sea to Beirut, for Syria	ICRC
17 August Göteborg	by sea to Beirut	ICRC
18 November Göteborg	by sea to Beirut	ICRC
Iran	Syria, by lorry	ICRC
20 December Geneva	by sea to Alexandria, for Cairo	ICRC Chilean Red Cross Swiss Red Cross
20 December Geneva	by sea to Beirut, for Syrian Red Crescent	ICRC Chilean Red Cross ICRC Mr. Zreikat of Geneva

INTERNATIONAL COMMITTEE

TO LEBANON-SYRIA-JORDAN-UAR

<i>Description</i>	<i>cif value in Sw. frs.</i>
medical supplies, dressing material, blankets, tents, clothing, milk, soups, baby food, blood plasma	987,735.—
medical supplies, blood transfusion kits	68,600.—
medical supplies	3,600.—
full powdered milk	110,000.—
powdered milk, soups, clothing, medical supplies	77,000.—
powdered milk, clothing, blankets, footwear, medical supplies	8,000.—
medical supplies	2,000.—
soups, clothing, blankets	355,000.—
condensed milk	15,000.—
powdered milk	48,000.—
powdered milk	74,000.—
1 Clinomobil with medical equipment.	71,000.—
flour	210,875.—
13,460 blankets, 3,250 items of children's clothing, 2,100 pullovers	199,243.—
15 large tents	30,000.—
primus stoves, tents, blankets	121,000.—
cooking ustensils	11,200.—
100 tons beans, 100 tons barley, 15 tons sugar	153,102.—
second hand clothing	5,400.—
new clothing	2,600.—
610 pairs dungarees for adults	15,100.—
cocoa, sugar	2,500.—
new clothing, foodstuffs	10,000.—
new clothing and foodstuffs	20,000.—
second-hand clothing, powdered milk for babies	16,500.—

IN THE RED CROSS WORLD

WORLD RED CROSS DAY

Each year on May 8, the anniversary of Henry Dunant's birthday is celebrated as World Red Cross, Red Crescent and Red Lion and Sun Day. In 1968, the theme chosen, *The Red Cross concerns us all*, meant that every one of us may have need of the Red Cross and, what is still more important, that we can all do something for the Red Cross. This is an appeal to men of goodwill and is also an affirmation of the power of the humanitarian ideal in the world today.

As usual, the radio and television networks associated themselves with the various events organized in a large number of countries. Radio Suisse Romande, for example, made a special international broadcast on May 8, produced by Jean Martel, describing recent Red Cross action in different places. Reporters and special representatives gave eye-witness accounts of what they had seen in Vietnam, Biafra and on the Jordan West Bank. On the other hand, more than thirty National Societies made use of a radiophonic programme specially prepared for them by the League.

On May 8, the television services of 17 countries presented on Eurovision the message read by Mr. Henrik Beer, Secretary-General of the League, on behalf of the two international Red Cross institutions, the text of which is as follows:

Once a year, the 8th May, the Red Cross in all its 109 member countries, tells its story to the world.

In most cases, ours is an unpopular task. To be the neutral intermediary, to try and work for humanitarian principles in conflicts is not a thing the powers of the world always like, but it must be done.

Vietnam, Nigeria, the Near East, Yemen are examples enough. The Red Cross is there to give assistance to the victims, to repatriate refugees, to watch over the treatment of prisoners and internees.

It also has to do a daily job—famine, wars, internal conflicts, disasters are there every day, and every day our concern.

The 214 million Red Cross members and their organisations in Geneva, must do even more to fight the causes of suffering, not only rush in as a fire-brigade after they have taken their toll.

That is why prevention, and not only intervention, is our motto. To take part in the fight against ignorance and illness we must create dynamic organisations, teach people to help themselves, especially in the new countries.

The Red Cross works hard to adapt itself to the modern world, in 1968, it is far advanced from the effort of its founder Henry Dunant, whom we also honour today. But its fundamental principles stay the same, that all people have the right to health and happiness, the right to be respected as human beings and the right to live in peace.

It should be pointed out that certain radio and television stations had arranged special programmes. They presented, in particular, documentaries on the Red Cross and films on ICRC work in the Middle East in June 1967 or the ICRC's mission in the Yemen.

The commemorative day of May 8 is also an occasion for National Societies to organize ceremonies whose purpose it is to make known to an ever increasing public the tasks carried out by our movement and principles animating it.¹ According to reports already received in Geneva these were some examples: distribution of toys to children in schools, galas in favour of the young, first-aid demonstrations, election of a Red Cross queen, lectures on the theme "The Red Cross concerns us all", press campaigns, organisation of Red Cross weeks, inauguration of a school for the handicapped, setting up first-aid posts of junior sections in various towns, processions of voluntary auxiliaries, concerts and variety

¹ *Plate.* — World Red Cross Day 1968: Ladies of the Tunisian Red Crescent distributing toys in a school; Dr. V. Laroche, President of the Haitian Red Cross, presents a boy-scout with the Red Cross first-aid-er's certificate.

IN THE RED CROSS WORLD

evenings by well-known performers and visits by the Junior Red Cross to orphanages, old people's homes and hospitals.

The manifestations which took place in 1968 in a large number of countries gave proof by their very diversity of the growing success of World Red Cross Day.

JUNIOR RED CROSS

As we have already said, the League's Junior Red Cross Bureau has a five-year plan which it started to put into effect in 1965. The plan has a different theme for each year. The first three were: Health Education; First-Aid and Accident Prevention; and Health in the Home. The theme for the fourth year was lately announced: Leadership Training. The aim is to bring to the fore youngsters of leadership calibre. We give below an extract from a document issued by the League in which it examines the impact of Junior Red Cross leadership training programmes.

Anyone following events on the radio, press or television in recent months would have felt concern over what is apparently a youth revolt. In cities around the world young people are protesting against conditions in their countries and demanding a voice in the changes that must be made. When their demands are ignored, they often resort to violence.

While protest is a sign of concern and involvement, violence often leads to a worsening rather than improvement of a situation. Are there not other ways of voicing discontent and of working for change? Other ways do exist, but it seems that young people are either unaware of them or find them ineffective.

What has this question to do with Red Cross? For one thing, we say that our programmes give young people—through the

channel of constructive action—a chance not only to “protest” against ignorance, poverty, illness, and isolation, but also to help effect the necessary changes.

The question is, however, are these programmes actually achieving this? Do they give young people the knowledge and skills they need to effect change? Do they train them to become leaders? Teaching young people how to organise meetings or give first aid instruction, or how to work in the frame of an established programme is one thing. Allowing them a chance to take part in the planning and decision-making involved in their activities—and teaching them how to do this—is perhaps even more important. Are leadership training programmes open to enough young people? Are they, in fact, doing more than paying lip service to youth leadership?

This leads to the question of adult youth leaders, those responsible for training young people and offering them flexible, creative guidance. Are they receiving the training and support which they need for their work? Can we develop good training programmes without the help of qualified, active leaders?

We propose that these questions be studied in the next two years of the JRC Five-Year Plan.

Junior Red Cross members also expressed their opinions on the future orientation of the Red Cross movement as a whole. “Rendez-vous 67”, the international youth meeting in Ottawa in August 1967¹, was an opportunity for participants from 46 countries to compare points of view and draw up resolutions as paraphrased below.²

The delegates did not limit themselves to Rendez-vous 67 topics. Their suggestions were both pertinent and topical. They dealt with education itself: they considered that the history of the Red Cross should be included in the school curriculum. Current affairs and the main contemporary problems should also be a part of this curriculum to give the pupils a better knowledge and understanding of other countries.

¹ See *International Review of the Red Cross*, November 1967.

² “Rendez-vous 67—Youth’s View of Red Cross”, by Ch. A. Schusselé in *Youth*, No. 1, 1968; League of Red Cross Societies, Geneva.

IN THE RED CROSS WORLD

They thought that the Red Cross should offer bursaries to deserving students to attract them into our movement. They suggested that there be more student exchanges between countries organised by the Red Cross Youth. They wanted young people themselves to analyse the teaching systems and institutions of their own countries. National Societies should encourage Governments to increase the international content of their educational courses.

The young people also thought that the Red Cross should give pupils and students a better knowledge of its principles and programmes.

From a more practical point of view they had no hesitation in suggesting that, within its means, the Red Cross prepare programmes on sex education, family planning and mental health.

They expressed the wish that the Red Cross Youth step up work for underprivileged children, in particular in shanty towns and the poor districts of large cities and that international youth teams focus their attention on social welfare, first in their own countries and then abroad.

They also stressed that the Red Cross should develop valid programmes in universities and teacher training colleges to provide the Red Cross Youth with new, enthusiastic and well trained officers.

The young participants reached an interesting conclusion concerning developing countries and the changes they were obliged to make in their customs. They felt that the way of life should not be changed when it was closely linked to religion or culture, except where changes would be calculated to improve health, economic conditions and living standards.

In their last recommendations the young delegates laid considerable stress on the problem of communications and public relations. They recommended that each National Society should form a national Red Cross Youth Council. On behalf of this Council, a national reporter should regularly report to the Junior Red Cross Bureau of the League so that appropriate descriptions of the activities of National Sections throughout the world would appear in the magazine "Youth". In this connection, they asked that this magazine be given widespread publicity.

The participants in particular advocated more up-to-date, more intensive and more general publicity for Red Cross Youth activities by all modern media such as television, the radio and the press.

They expressed the wish that at all levels closer liaison be established between youth and adults as well as with other youth movements for a common goal of peace and welfare.

They wanted Red Cross Youth to be represented by young people on all Red Cross Committees at the local as well as the national levels and also on the Junior Red Cross Advisory Committee of the League.

They made a special point of public relations and recommended that Red Cross Youth have its own Public Relations Director at the national level. Here they had in mind presentation of a more realistic and clearer picture of the problems facing Red Cross Youth, in the light of national conditions.

The delegates recommended that the number of programmes for youth be increased, in particular in the field of first aid.

They expressed the wish that the International Committee of the Red Cross and the League periodically review the basic principles and ideals of the Red Cross.

This is the broad outline of the recommendations adopted at Rendezvous 67.

Afghanistan

One of the principal activities of the Afghan Red Crescent is that of social assistance. As part of its action programme it distributes to those in need in Kabul and in the various provinces, relief in the form of cash, coal, clothing and food. It intervenes in cases of natural disaster. Thus, only citing this example, when the floods in 1965 had caused thousands of homeless, it brought them considerable aid and actively co-operated with the civilian and military organizations.

As it has informed the ICRC, it intervened in more recent circumstances on behalf of persons who suffered from the particularly harsh winter last year in Kabul and elsewhere. Following a programme drawn up beforehand and estimated for a length of 20 days, 3,750 persons received food in daily assistance. It can be said that in all 75,000 were aided by the Afghan Red Crescent which also had to arrange distributions of clothing during the winter season.¹

Burundi

The Red Cross Society of Burundi, officially recognized by the ICRC in 1963, today carries out useful and varied work. It gives medico-social assistance to orphanages, social centres and the Bujumbura prison. It teaches the armed forces, members of the Society and the general public first-aid, under the supervision of a leading official and medical adviser of the Society. It helps refugees, providing them with food and setting up milk centres for refugee children. It has organized Junior Red Cross branches in schools. Recently it extended its scope to blood donor recruiting.

As can be seen, its programme is very varied, and we believe our readers will be interested in the personal impressions of Mr. J.

¹ *Plate.* — Afghanistan: The Red Crescent distributing clothing and food.

Pascalis, Assistant Secretary-General of the Swiss Red Cross, and which were published in *Youth*¹. Mr. Pascalis went to Burundi last February and was then able to see how efficient were the Red Cross junior first-aiders.²

"Burundi, like most of the young National Red Cross Societies, concentrates on training first aiders, and I had the pleasure of meeting several groups during a brief stay at Bujumbura, capital of Burundi. I was even able to attend a lesson, given simultaneously in two languages (by an Instructor trained in 1965 by a Rumanian delegate of the League of Red Cross Societies) and a practical stretcher bearing exercise, performed with remarkable care and skill.

First aid training in Burundi consists of two 2-hour practical and theoretical lessons a week, over a period of 4 months. This means 64 hours instruction, followed by 2 weeks practice in a dispensary.

It is mainly during this 4-month period that student first aiders' activity is intense in various fields. They are split up into 10 sections of approximately 50 students each. Each section is directed by an elected committee. They wear an attractive uniform, consisting of a pale blue shirt (blouse for girls), with a Red Cross badge and beret. They are recruited among secondary school pupils and young workers.

First aid (highway first aid, first aid at sports events and other celebrations attracting large crowds) is not their only activity; they also help to recruit blood donors, distribute milk and join in various relief operations of the Burundi Red Cross, sorting out worn clothing, preparing educational, health and relief material. They also realise that they should spread knowledge. I have seen sections giving sketches to counteract witch-doctor consultation, promote temperance, reduce theft, and encourage respect for the old and crippled. Some of the sections engage in folklore activities. This attracts a number of idle young people to the Red Cross.

In order to become a first aider, however, a young person must pass an examination and possess certain qualities, particularly of an

¹ League of Red Cross Societies, Geneva, 1968, No. 2.

² *Plate*. — A Red Cross first-aid course.

ethical nature. What most impressed me was the conscientiousness of these young people. And yet they often lack material, even essential material, needed for their work: pencils, paper, slates, handbooks, dummies, dressings, slings, first aid kits, and premises. The Burundi Red Cross would like to be able to make a small recognition to its instructors. Everything is lacking except good-will, enthusiasm and a true Red Cross spirit. These qualities are happily to be found in that small industrious country, on the borders of Lake Tanganyika and at the foot of mountains and hills.

When I passed through, the student first aiders organised an impromptu and magnificent parade, with two hours of fascinating and excellent demonstrations.

I met other dedicated people and witnessed other activities: blood transfusion, prisoner relief, work in orphanages and dispensaries, milk and clothing distributions, etc., etc. The Burundi Red Cross is a young National Society which relies essentially on its youth to develop and carry out its tasks."

Ecuador

The Ecuadorean Red Cross will now be publishing a monthly Bulletin for members of the Society in Quito and provincial branches where most active humanitarian work is being pursued.

No. 1 issue has recently reached Geneva which contains a variety of information in different spheres such as first-aid, home-care, medical instruction and general dietetics. The publication also contains notes concerning certain services which are especially active in the country, such as ambulances which were called upon in 1967 in a large number of cases: the transporting of 2,517 sick, aid in 28 accidents at work, 205 traffic accidents, 5 railway accidents and 13 outbreaks of fire. More than a thousand calls for help had to be answered in different emergency situations. Needless to say, members of the Junior Red Cross gave most useful aid in such cases and fresh youth sections are constantly being formed in the Secondary Schools of Ecuador.



Ladies of the Tunisian Red Crescent distributing toys in a school.

WORLD RED CROSS DAY 1968

Dr. V. Laroche, President of the Haitian Red Cross, presents a boy-scout with the Red Cross first-aider's certificate.

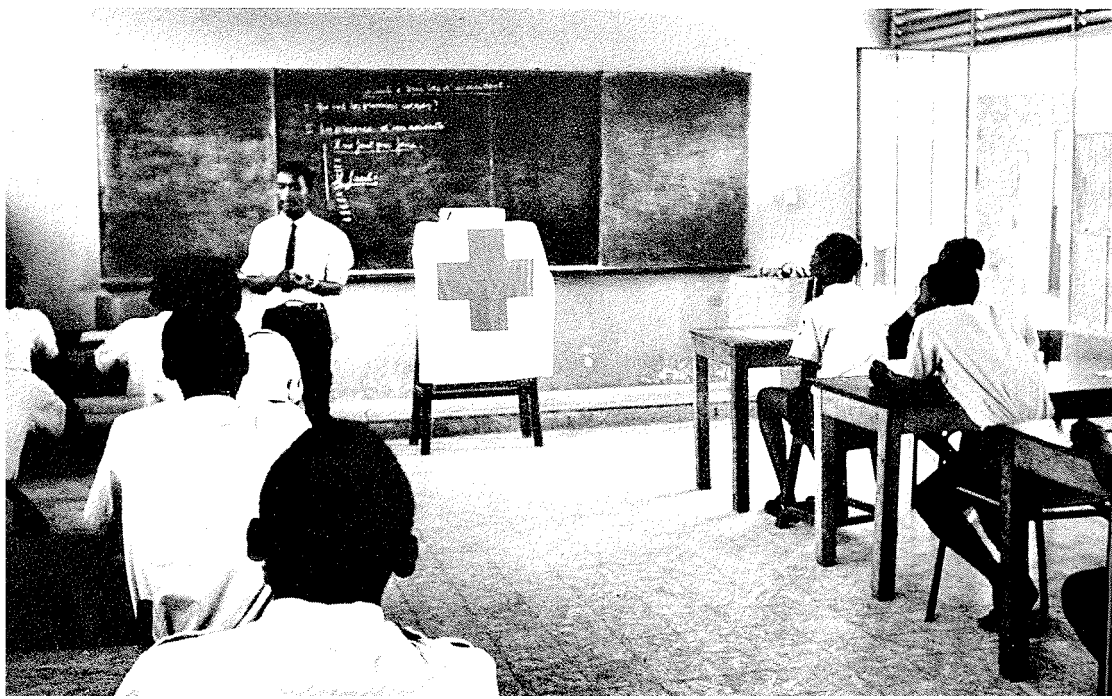




Afghanistan: clothing and food distribution by the Red Crescent.

Burundi: A Red Cross first-aid course.

Photo J. Pascalis.



This new publication deserves acclaim, opening as it does with a tribute to that fine personality, Mrs. Maria Elvira Yoder, who regrettably died in Guyaquil in 1967. She had been a most active President of the National Society and whom the international institutions of the Red Cross remember with appreciation.

France

"Once again the French Red Cross has embarked upon a new venture: a need has arisen which it is endeavouring to satisfy." It was thus, we learn from a past issue of *Vie et Bonté*, that Mr. François-Poncet, on June 9, 1967, in the presence of senior officials, inaugurated the Bois-Larris International Institute for masseur-kinesitherapists, which was founded by the National Red Cross Society of which he was President at the time. The foundation stone was laid in 1963 during the Red Cross Centenary celebration.

This International Institute, which was attended by its first pupils in January 1968, is the only one of its kind in France. It is open to students of all nationalities and the French Government and the World Health Organization are prepared to pay grants to certain candidates. Courses last for thirty-two weeks, leading to a State diploma.

The Institute is at Lamorlaye near Paris, on ground donated by the Foundation for the Treatment and Occupational Training of Young Motor-Nerve Patients. The Foundation is presided over by Baroness Mallet, a directress of the French Red Cross.

Vietnam

Democratic Republic

The Red Cross of the Democratic Republic of Vietnam in its well illustrated magazine which has just reached us in Geneva, describes the variety and effectiveness of its work.

IN THE RED CROSS WORLD

The Society was faced with an urgent problem in 1965, that of extending rapidly the Red Cross network in the country-side. Since then new Red Cross bases have been established in factories, building and forestry sites, public services and schools, resulting in a great increase in membership. In X district on Hanoi's outskirts there were only 14 Red Cross branches with 500 members by the end of 1965. In June 1967 there were 55 branches with about 5,000 members working in agricultural co-operatives, public services, factories, building sites, farms, community restaurants, schools, State shops, hairdressing rooms, etc.

26 of the district's 31 villages and its two townships already have Red Cross branches. One inhabitant out of every 18 is a member of the Red Cross. It is hoped to set up Red Cross branches in all villages.

In the country-side the tasks facing Red Cross workers are many and varied, such as advising the population on the sinking of wells, the digging of septic tanks, vaccinations, lectures on hygiene, clean-up drives in the hamlets and health check-ups in kindergartens. In Summer they lead the fly and mosquito eradication campaigns, instruct the population in protection against sunstroke and in wholesome feeding. Results have been well worthwhile and very encouraging.

For the Red Cross of the Democratic Republic of Vietnam, World Red Cross Day, 8th May, was an occasion for the launching of a month's "emulation campaign" among its members to stimulate all Society activities. Junior members play a large rôle. For instance, to quote the example of just one village, they helped medical personnel to take care of people suffering from trachoma.

M I S C E L L A N E O U S

A TRACING SERVICE IN 1817

The review of the German Red Cross in the Federal Republic of Germany recently published an interesting article by Dr. G. Gewecke, in which he draws attention to the existence as long ago as 1817 of what might be considered the precursor of the tracing services and set up by National Societies and the ICRC and which became so extensive during the two world wars.

This is a historical fact worthy of interest and it is for this reason that we summarize below the article in question, starting with a reference to the editor's preliminary note pointing out that Lieutenant Heinrich Meyer, who is mentioned below, had a forerunner in the fourth century in the person of the Roman Emperor Flavius Claudius Julianus, who ordered enquiries to be made into the names of soldiers and civilians taken prisoner by the Germans.

A chance discovery in the records of the State of Lower Saxony showed that already in 1817 there was a tracing service. From 1807 to 1813 the Kingdom of Westphalia forcibly recruited regiments for service with the French army in Russia. Few soldiers returned home and in order to find out the fate of the missing, the Royal Government ordered Lt. Heinrich Meyer, of the Hanover battalion, to undertake enquiries on the spot. He went to Russia where the Imperial Government gave support and ordered all provincial governments to assist Lt. Meyer to accomplish his mission.

Heinrich Meyer examined hospital registers, official records, police documents and made other investigations. He delivered five lists of names to his government and elucidated the fate of 3,638 inhabitants of Hanover who never returned home. It is very likely that a much greater number disappeared in Russia in 1812 and 1813. The lists were printed and distributed to the authorities to enable families to consult them; they contained the name,

MISCELLANEOUS

Christian names, residence, army unit, rank, place of capture or death, known stay in Russia and the origin of the information obtained on each person.

Of the 3,638 missing, Meyer reported 3,191 dead, showing for example: " according to police report to the government, deceased at Goroditsche " or " according to the hospital registers, died at the Orel hospital ", or yet again, " died at Moglin, according to the records of the local army command ".

Some three hundred Hanover citizens enlisted in the Russian army, over a hundred settled in the country, where they married and carried on their trade. Meyer himself interviewed many former subjects of Hanover. Several had sworn allegiance to Russia and wished to remain in their new country; others planned to stay there for some time before returning home.

Meyer's fifth list included 1,040 soldiers' names; these he had gleaned from a careful examination of documents, and he grouped them together because it had not been possible to show exactly from which German province they originated. As can be seen, Lt. Heinrich Meyer accomplished a useful tracing service during his enquiries in the villages and towns through which the *Grande Armée* had passed.

BOOKS AND REVIEWS

A. SCHLÖGEL: "VOLKERRECHTLICHE PROBLEME AUF DER XX. INTERNATIONALEN ROTKREUZKONFERENZ IN WIEN"

Dr. Anton Schlögel, Secretary-General of the German Red Cross in the Federal Republic of Germany, has written for the "Jahrbuch für Internationales Recht"¹ an interesting study, of which an off-print has been made. After describing briefly the earlier work and machinery of International Conferences of the Red Cross, the author deals with the major problems discussed at Vienna in 1965 by the XX Conference: Protection of Civil Medical and Nursing Personnel; Protection of Victims of Non-International Conflicts; United Nations Emergency Forces; the Reuniting of Dispersed Families; Respect of the Geneva Conventions—Control, Dissemination and Repression of Violations.

The development of weapons being what it is, the protection of civilian populations is the essential problem and there was, states the author, a marked tendency in favour of the convening of a Diplomatic Conference to draw up and adopt a "Fifth Geneva Convention". It was finally considered preferable, in view of the dissident opinions of a number of delegations, merely to recommend the ICRC to continue its work. Referring to certain difficulties, the author raises the question whether such protection could in fact be effective in the actual theatre of operations or whether, at least for the time being, effort should be concentrated on the important, albeit restricted, field covered by the Fourth Geneva Convention.

The eventuality of the use of atomic weapons sets the problem of protection for civilian populations against the dangers of indiscriminate warfare; that the Conference found grounds for agreement on fundamental principles is remarkable.

The question of making the Red Cross sign available to civilian medical personnel was not settled. There can be no solution to this so long as protection of the sign against proliferation and devaluation is not assured. Studies must therefore be continued.

¹ Vandenhoeck & Ruprecht, Göttingen, 1967.

BOOKS AND REVIEWS

The ICRC's efforts to widen as much as possible the scope of article 3, common to the four Geneva Conventions and relative to the Protection of Victims of Non-International Conflicts, were approved without reservation.

Willy-nilly, the author considers, the application of the Geneva Conventions by the United Nations Forces calls into question that institution's legal position in the international order. The solution which has been adopted, based on bilateral undertakings between the organization and the States providing contingents was, of necessity, approved by the Conference as no other solution was offered, but it hardly appears to satisfy Dr. Schlögel.

The reuniting of families was given special attention at the Conference by the delegation of the Federal Republic of Germany. The broader scope of the resolutions in this connection takes reality into account. Finally, wider dissemination of the Geneva Conventions was urged.

J. de P.

DAISY CAROLINE BRIDGES: "A HISTORY OF THE INTERNATIONAL COUNCIL OF NURSES"¹

The author of this book is well acquainted with the work of the International Council of Nurses, having been one of its principal officers as Secretary-General from 1948 to 1961. In this book she gives a detailed history, describing how the Council, when founded at the beginning of the century, integrated into the general context of a world which was seen to be made up of increasingly inter-dependent parts. In addition, the nursing profession then assumed a dignity unknown in Florence Nightingale's time.

After the adoption of its first by-laws in 1900, the ICN developed continuously, as can be seen from the following few figures. In 1901, the first International Congress of Nurses at Buffalo was attended by 400 nurses. In 1965, at the 13th Quadrennial Congress

¹ Pitman Medical Publishing Co. Ltd., London, 1967, 254 p.

at Frankfurt-on-Main there were 6,000 nurses from 50 countries. Today there are more than 500,000 nurses associated in this Council which has survived two world wars and which recently moved its headquarters to Geneva from London, where they had been for many years. It is closely allied with international organizations concerned with health and working conditions and also with the international organizations of the Red Cross.

The book is well illustrated and contains an index for ready reference to the names of people who, on the five continents, have contributed to the advancement of working conditions for nurses, such as Bedford Fenwick and Lavinia Dock. Miss Bridges gives a biography of these two complementary personalities—the first a person of vision with a talent for organization, the second a courageous defender of women's rights—who were behind the foundation of the ICN.

This account of a world-wide movement led Miss Bridges to mention circumstances and events directly influencing the birth and growth of national nursing associations, and the development of nursing care and of health services in many countries.

J.-G. L.

Health services for Afghanistan' women and children, by Joan Liftin, *UNICEF NEWS*, No. 48, 1967.

. . . Today, Afghanistan must be considered in the early stages of developing an infrastructure of health services. Towards this end, UNICEF, since 1949, has allocated a total of \$1,267,000, much of which has gone into rural health service, where help is most urgently needed.

There are now health services (centres and sub-centres) in more than twenty rural "blocks", serving a total population of more than one million people.

Clinics for women and children also exist in eighteen provincial towns, as well as Kabul.

And—perhaps most importantly—there are now thirteen schools outside the capital training Afghanistan women to be nurses and midwives. The latest reports from these schools show that there have been consistently more applicants than places available.

BOOKS AND REVIEWS

No one imagines that progress in Afghanistan will be rapid: the gap in technological years is too great to close overnight. But the first, and most painful, steps have certainly been taken. . . .

Changing Nursing Education in the USA, *International Nursing Review*, 1968, No. 1

At present three distinct forms of nursing preparation exist in the USA: diploma programme (hospital); baccalaureate degree programme (college or university) and associate degree programme (junior college).

Nursing education in the USA is coming at the moment under intensive scrutiny, aimed at improving its quality by changing the present systems. An outline of the general education system in the USA emphasizes the upsurge of Junior Colleges. All three nursing education programmes have several common denominators: they prepare nurses for registration and are open only to high school graduates. The diploma programme is the traditional and still most common form of preparation. The cheap labour hospital school students provided in the past produced today's emphasis on separating service and education. Diploma courses cover nursing care, various science subjects, but not courses in the liberal arts.

Nursing courses are taught by nurses. Clinical experiences are carefully selected and controlled. The diploma course is more hospital oriented; the graduate is qualified for a beginning position in nursing. Fees are generally subsidized by the hospital and hence by the patient.

Baccalaureate degree programmes in nursing give the student a general college education and demand normal college admission qualifications. The student either starts nursing and general studies together, from the beginning, or completes one or two years general studies before beginning nursing studies. In some cases clinical experience must be gained in institutions at some distance from the college, but this is still under the control of the college faculty.

Medical Care Teaching in Latin American Schools of Public Health (Summary), *Boletín de la Oficina Sanitaria Panamericana*, 1968, No 3.

A growing interest in the effective training of future health administrators and in the coordination of medical services to include both prevention and treatment has been evident in Latin America for a number of years.

In 1964 a study was made under PASB auspices on curriculum content in the field of medical and hospital administration in five public

health schools. Subsequently, in 1967, additional data was received from those and other public health schools. The study in question was based both on the survey and the data received subsequently from the eight public health schools located in Argentina (1), Brazil (2), Colombia (1), Mexico (1), Peru (1), Puerto Rico (1) and Venezuela (1). It was found that curriculum content changed rapidly, and that variations among the schools were substantial. Generally there is a tendency to pay greater attention to hospital administration than to the organization of medical care. The first years of medical curricula should, without exception, contain basic courses on "principles of administration". In general, curricula were heavily loaded and there was a scarcity of text books and other literature. Good statistical data were lacking also.

The future health administrator of Latin America should be informed on the overall organization of medical care, as well as on the problem of disease prevention and the internal administration of hospitals.

A topical outline for a course in Latin American schools of public health is suggested as a guide; it consists of 14 sections, and over 50 subdivisions or subjects which refer to the planning, organization, operation and coordination of medical care services. For a careful study of the subjects, its total duration would be 30 to 90 classroom hours and would include visits to hospitals and public and private health institutions, the staff of which might participate in the teaching program and thus help to promote the principles of coordination and the spirit of cooperation.

The Ibero-American Bureau of Education, *Bulletin of the International Bureau of Education*, 1968, No. 166.

In 1967 was celebrated the 10th anniversary of the IIIrd Ibero-American Congress of Education, at which the Santo Domingo Convention was signed, constituting, in its present form, the Ibero-American Bureau of Education. The Bureau is an intergovernmental organization for educational and cultural co-operation for the Ibero-American countries. Its aim is to organize information and documentation services on the development of education in Latin American, to advise and guide individuals and organizations interested in this question, to diffuse the Bureau's principles and recommendations and to promote their implementation through cultural exchanges, seminars and congresses. It collaborates in the preparation of texts and teaching materials and co-operates with the Ministries of Education and the technical services of the Ibero-American countries in carrying out their educational plans. In addition, many specialized establishments have been set up: institutes and centres for research, documentation, exchanges, etc. The present Statutes of the Bureau were approved and signed in 1957 by the following States: Brazil,

BOOKS AND REVIEWS

Colombia, Cuba, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Nicaragua, Panama, Paraguay, Peru, Spain and Venezuela. Later on, Honduras and Uruguay and, in 1966, Argentina and Bolivia, also signed the Convention.

Communications for peace, by P.A. Duignan, *Union Postale, Berne, 1968, No. 3.*

... Let us turn now to the work of the Universal Postal Union and the International Telecommunications Union in the domain of technical co-operation and assistance to countries in the course of development. Many of the specialised Agencies of the United Nations were established precisely to help developing countries in education, health, agriculture or other aspects of social and economic life. The two Unions mentioned were created because it was realised that international co-operation was indispensable to the existence and progress of the postal and telecommunication services. They survived two world wars—immediately after the wars the then existing International Regulations drawn up by the Unions before the wars came automatically into renewed operation. The Unions have essential legislative and executive functions to perform on a world-wide basis.

Both Unions recognized that, in the rapidly changing world of to-day, they had a special mission to perform in developing countries. Postal and telecommunication services are part of the infrastructure necessary for social and economic advancement. Over a number of years, therefore, the Universal Postal Union and the International Telecommunications Union have made as one of the top priorities the building up of services in developing countries adequate to the immediate and future needs of their peoples...

The missing nurses, *ILO Panorama, Geneva, No. 30, 1968.*

... The International Labour Office, for example, is collaborating with WHO in preparing proposals for an international instrument on the status of nursing staff. There is a world-wide shortage of nurses, attributed largely to unsatisfactory working conditions, yet the improvement of health and welfare standards is heavily dependent on paramedical personnel, including also midwives, auxiliaries and technicians. The problem is particularly acute in the developing regions because of the shortage of qualified medical staff. One nurse to 350 persons is consi-

dered adequate by WHO. But in some parts of Europe the ratio is as low as one nurse to 12 000 and in Africa it can fall to two or three for an entire country. Only about 37 000 nurses are available for the whole of South America...

Polemology and Pacifism, by G. Bouthoul, *World Justice*, Louvain, 1968, No. 3.

In the hypersensitive world in which we now live, a prey both to the acceleration of history and an unprecedented population explosion, all humane scientific studies inevitably have a bearing on the future. Planning and providing are no longer a matter of speculation but of absolute necessity. Overriding all other problems is the question of war, for this is the ever-present threat which may well invalidate all our hopes and efforts in every other sphere

Does this mean that we must wait for a complete science of 'the war phenomenon' to be worked out? This would mean leaving the field open to all the elements of aggression, which grow daily more virulent, and passively helping potential catastrophes to come to a head.

At the present moment we can try to affect the structures conducive to war. The most serious of these today is the population inflation which threatens to crush humanity under its own weight. We can influence psychological structures and mentalities by demonstrating that war is a social malady, a mental epidemic. In a word, we can take the worship out of war and the politics out of peace.

Success is far from certain, but so is failure. For there are no historical inevitabilities; there is only the struggle between a passive routine and the creative spirit of man. Every invention is equivalent to a biological mutation of our species. In war as in anything else, according to Bergson: 'The future of humanity is uncertain, since it depends on humanity'.

International quarantine, *The Courier—Unesco*, Paris, March 1968.

Of the six quarantinable diseases, two, typhus and relapsing fever, seem to present no longer any international danger and may soon be dropped from the list of diseases subject to quarantine. The situation for the four others is:

Plague, after declining in the late fifties, is on the upswing; the Republic of Viet-Nam is the hardest hit with 4,532 suspected cases

BOOKS AND REVIEWS

reported in 1967. No vaccine has yet been developed as an effective preventive measure. The plague does not seem to be spreading internationally, but vigilance is necessary.

Yellow fever still occurs in tropical Africa and America; an outbreak in Ethiopia caused over 3,000 deaths in 1961. Yet yellow fever vaccine affords complete protection.

Smallpox seems to be rising again. Here again proper vaccination is effective and WHO is tightening up the regulations. The International Certificate of Vaccination against smallpox now requires vaccine up to WHO standards and the origin and batch number of vaccine used; a doctor's signature is also needed.

Cholera is on the march and in Asia it has been reported from the Philippines in the East to Iran and Iraq in the West. Vaccines are only partially effective.

WHO constantly reviews the International Sanitary Regulations in an attempt to keep them abreast of world conditions. The new health regulations for international trade and travel will go into effect, if approved by the World Health Assembly, as of May 1968. They will extend medical health services not only in international ports and airports but inland wherever large movements of population occur. The object remains to speed trade and travel while safeguarding health.

Relations between Nurses and Nursing Aids, *Revue suisse des infirmières*, Berne, May 1967.

... The nursing aid takes over at the sick person's bedside, having, like the nurse, to comply with his or her needs, but she has to do this immediately and give satisfaction in essential matters. She leaves it to the nurse to make use of complicated appliances, the handling of difficult techniques, the planning of long-term treatment, administrative questions and the mastery of intricate situations. She is responsible for matters of hygiene and comfort, for seeing that correct posture is maintained, the feeding of the helpless patient, the prevention of bed-sores and their treatment, as long as these do not develop into wide-spread infection, and the moving of the aged. She also has to keep close observation, give accurate reports of what she sees and also encourage the sick in normal life outside, or at least to limit the effects of damage. However, and this is only fair, she has permanent contact with the sick person and all the satisfaction which that can give her, the pleasure of being immediately appreciated, because the benefits which she obtains are immediate, the noting of some progress in the patient, often not very evident but a cause for much encouragement. If this has not been achieved, at least deterioration has been arrested.

There are two attitudes which are to be avoided between nurses and nursing aids who meet each other only too frequently. The first consists in regarding the nursing aid as having wandered from the only possible path of salvation, that of nursing studies, because she wants to give her care . . . As opposed to this is the attitude of condescension, or even of barely veiled disdain, towards someone of a lower mental calibre.

One can but hope that this is merely a question of ignorance and not an expression of frustration, to use a current fashionable term.

At all events, the nursing aid should always be treated as someone commanding respect. This of course also applies to the sick. The nursing aid is indeed an adult person, warm hearted and full of common-sense, with an open mind. She may say little, but she thinks all the more.

She will be entirely content in her work and feel that she is in the right place, provided that a place is made for her, or rather that she is given her proper place and that she is left to accomplish the work for which she has been prepared. Neither more, nor less.

She will expand in proportion to the extent with which she is appreciated and the more she fulfils herself the more efficient will she be.

The nurse can make a direct contribution to this expansion by using a method within her reach, which is most simple, but which has proved successful on numerous occasions, on condition that this takes place in a genuine atmosphere. This should be by direct communication between two human beings.

EXTRACT FROM THE STATUTES OF
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC) founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.¹

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be:

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

THE PRINCIPLES OF INTERNATIONAL HUMANITARIAN LAW¹

by

Jean Pictet

Director-General, International
Committee of the Red Cross
Lecturer at Geneva University

In this sixty-page book the writer defines fully and with concision humanitarian law in its widest sense, the laws of war of The Hague and Geneva, and the principles which form the basis for this humanitarian law.

This clear summary is understandable to everybody interested in humanitarian ideas and actions in the world today. In addition, the appendix is a chart of the principles of humanitarian law.

It will be recalled that an earlier work by this author, *The Principles of the Red Cross*, gives the general reader a clear exposition of its subject. Copies of this book, which has already had considerable success, are available in French, English, German and Spanish, from the ICRC Geneva, which published the book.

¹ *The Principles of International Humanitarian Law can be obtained from the ICRC, 7 avenue de la Paix, 1211 Geneva (postal cheque account No. 12-5527). Cost Sw.fr. 8.—.*

SOME PUBLICATIONS OF THE ICRC

The Geneva Conventions of August 12, 1949. 2nd Ed. 1950, 8vo, 245 pp. Sw.Fr. 9.—.

COURSIER, Henri. **Course of Five Lessons on the Geneva Conventions.** New Edition revised and printed. 1963, 8vo, 102 pp. Sw.Fr. 7.—.

The Geneva Conventions of August 12, 1949. Thirty Slides with Comments. 1963, 8vo, 33 pp., mimeo. Sw.Fr. 25.—.

PICTET, Jean S. **Red Cross Principles.** Preface by Max HUBER. 1956, 8vo, 154 pp. Sw.Fr. 8.—.

PICTET, Jean S. **The Laws of War.** 1961, 8vo, 11 pp. Sw.Fr. 2.—.

PICTET, Jean S. **The Doctrine of the Red Cross.** 1962, 8vo, 19 pp. Sw.Fr. 2.—.

COURSIER, Henri. **The International Red Cross.** History, Organization, Action. 1961, 16mo, 131 pp. Sw.Fr. 3.50.

WARBURTON, Barbara. **The Robinson Family.** A short Story about the Geneva Conventions. Ill. by Pierre LEUZINGER. 1961. 43 pp. Sw.Fr. 1.50. (With the LRCS.)

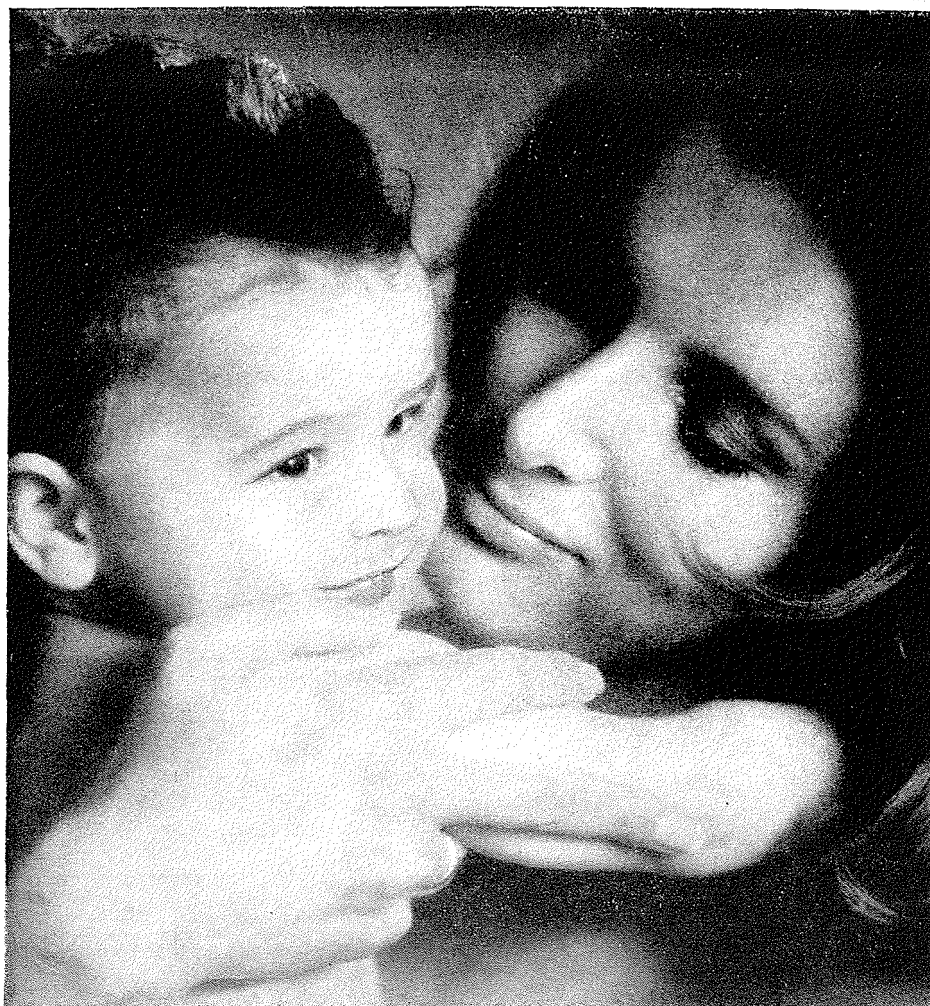
THE ICRC AT WORK. A Centenary of Service to Humanity. 1963, 4to, 32 pp., Ill. Sw.Fr. 0.50.

SCHWARZ, Gertrud. **Table des matières de la Revue internationale de la Croix-Rouge 1939-1961.** 1963, 8vo, 127 p. Sw.Fr. 5.—.

TWO PUBLICATIONS ISSUED BY OTHER PUBLISHERS

BOISSIER, Pierre. **Histoire du Comité international de la Croix-Rouge. Tome I : De Solférino à Tsoushima.** Paris, Plon, 1963, 512 p. Sw.Fr. 22.30.

JUNOD, Marcel. **Le troisième combattant. L'odyssée d'un délégué de la Croix-Rouge.** Nouvelle éd. avec une préface de Léopold BOISSIER et avec un résumé succinct des Conventions de Genève. Paris, Payot, 1963, in-8, 248 p. Sw.Fr. 5.—



PI 2162

For 100 years,
Nestlé has stood for service to childhood
throughout the world.



*For your printing in foreign languages
—book or jobbing work—
consult the printing-office of*

La Tribune de Genève

*a house specialized in Letterpress
 Rotogravure
 Litho-Offset*

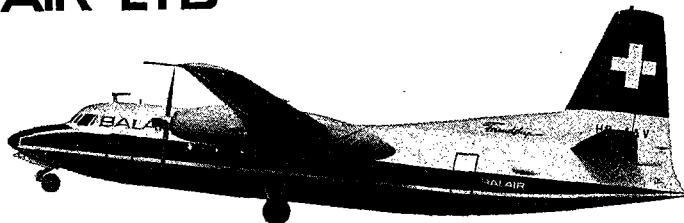
Compliments of

SELAS CORPORATION OF AMERICA

*Designers and Builders
of Industrial Furnaces*

10, chemin de l'Impératrice PREGNY-GENÈVE

BALAIR LTD



We are operating

PASSENGER AND CARGO-FLIGHTS TO EVERY DESTINATION
IN THE WORLD

CORONADO CV-990	134 Passengers
DOUGLAS DC-6B	89 Passengers
DOUGLAS DC-4	Passengers and freight up to 8 tons
FOKKER F-27	44 Passengers

BALAIR LTD

Air Charter Company of Switzerland

Airport Basle-Mulhouse

Phone (061) 24 98 53

P.O. Box 4002 Basle

Telex 62 325 and 62 407

Going to BELGIUM, USA, CANADA, MEXICO, AFRICA

fly

SABENA

—renowned for its
unsurpassed service!

BELGIAN World AIRLINES

SABENA IS MEMBER OF



QUALITY IN AIR TRANSPORT

Ask your travel agent or

GENEVA, Chantepoulet 13 • telephone (022) 32 66 20

ZURICH, Pelikanstrasse 37 • telephone (051) 23 27 20



Auderset & Dubois

TRAVEL AGENCY

16, place Cornavin - Tel. 32 60 00 - Teleprinter 22 492 - Geneva

Regular services to: Geneva — Nice — Barcelona — Boulogne
Turin — La Baule

Tickets for all destinations Air - Ship - Rail - Pullman

LONG-DISTANCE INTERNATIONAL TOURS BY LUXURY COACHES
INTERNATIONAL ROAD TRANSPORT

ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 1324, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle Zulueta 471, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8°)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.º Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ölduggøtu 4, *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia*.

ADDRESSES OF CENTRAL COMMITTEES

- LIBYA** — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN** — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG** — Luxemburg Red Cross, Parc de la Ville, C.P. 234, *Luxemburg*.
- MADAGASCAR** — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYSIA** — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI** — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO** — Mexican Red Cross, Avenida Ejército Nacional, n° 1032, *Mexico* 10, D.F.
- MONACO** — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA** — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO** — Moroccan Red Crescent, rue Calmette, B.P. 189, *Rabat*.
- NEPAL** — Nepal Red Cross Society, Tripureswore, P.B. 217, *Kathmandu*.
- NETHERLANDS** — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND** — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA** — Nicaraguan Red Cross, 12 Avenida Noroeste, *Managua*, D.N.
- NIGER** — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA** — Nigerian Red Cross Society, Eko Akete Close, off. St. Gregory Rd., Onikan, P.O. Box 764, *Lagos*.
- NORWAY** — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN** — Pakistan Red Cross, Frere Street, *Karachi* 4.
- PANAMA** — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY** — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU** — Peruvian Red Cross, Jiron Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon* 3.
- RUMANIA** — Red Cross of the Rumanian Socialist Republic, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR** — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid*, 10.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Artillerigatan 6, *Stockholm* 14.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA** — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA** — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, 17 Jinja Road P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC** — Red Crescent Society of the United Arab Republic, 34, rue Ranses, *Cairo*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington* 6 D.C.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow* W-36.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic)** — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi*.
- VIET NAM (Republic)** — Red Cross of the Republic of Viet Nam, 201, duong Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA** — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka*.